



EMPLOYEE PERFORMANCE APPRAISAL REPORT

State Form 19959 (R7 / 2-00)
*Social Security number request is **mandatory**
per IC 4-1-8-1 (5)

This information may be used in decisions concerning training needs, advancement, performance-related salary adjustments, layoffs, reemployment, and as evidence in contested disciplinary actions.

SUPERVISORY AND MANAGERIAL

Employee name:

TYPE OF EVALUATION

☐ Annual ☐ 3-Month ☐ 6-Month ☐ Follow-up
☐ Other:

WORKING TEST

☐ Successfully completed: Permanent status granted. **EFFECTIVE DATE:**

☐ Request extension for six (6) months. Reason on Comments Sheet. **EXTENDED DUE DATE:**

State Personnel Director approval

Date (month, day, year)

Name of employee

*Social Security number

Name of state agency

Org code

Class title and class code of employee

Review period (month / year) / To /

AREAS OF RESPONSIBILITY		IMP.	QUALITY	QUANTITY	TIMELINESS
INSTRUCTIONS	RESPONSIBILITY STATEMENT	(Es) (Ne)	(Na) (6) (=) (5)	(Na) (6) (=) (5)	(Na) (6) (=) (5)
1) List the applicable areas of responsibility from the position description. 2) Indicate the relative importance of each in the second column. 3) Assign a rating to each dimension based on the actual work performed. Substantiate ratings of "below standard" on Comments Sheet. Key: (Es) Essential (Ne) Non-Essential (Na) Not applicable (6) Below standard (=) At standard (5) Above standard	1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL FACTORS		IMPORT.	PERFORMANCE
INSTRUCTIONS	FACTOR	(Es) (Ne) (Na)	(U) (M) (S) (V) (O)
1) Indicate the relative importance of each factor in the first column. 2) For each applicable factor, assign the most suitable performance rating. Substantiate ratings of "Unsatisfactory" or "Outstanding" on Comments Sheet. Key: (Es) Essential (Ne) Non-Essential (Na) Not applicable (U) Unsatisfactory (M) Marginal (S) Satisfactory (V) Very good (O) Outstanding	1. Planning and Organizing	<input type="radio"/>	<input type="radio"/>
	2. Directing and Coordinating	<input type="radio"/>	<input type="radio"/>
	3. Staffing/Affirmative Action	<input type="radio"/>	<input type="radio"/>
	4. Employee performance Appraisal	<input type="radio"/>	<input type="radio"/>
	5. Employee Relations	<input type="radio"/>	<input type="radio"/>
	6. Public Relations	<input type="radio"/>	<input type="radio"/>
	7. Budgeting	<input type="radio"/>	<input type="radio"/>
	8. Job Knowledge and Expertise	<input type="radio"/>	<input type="radio"/>

Employee signature

Date signed

Evaluator signature

Superior

Appointing Authority signature

Date

I hereby certify that I have had an opportunity to review this report and understand that I am to receive a copy. I am aware that my signature does not necessarily mean that I agree with the rating.

I hereby certify that this rating report constitutes my best judgment of the service performed by this employee for the review period covered.

DISTRIBUTION: WHITE - STATE PERSONNEL; CANARY - AGENCY; PINK - EMPLOYEE; GOLDENROD - SUPERVISOR